

With the safety of our members in mind, we regularly review recommendations from the Food and Drug Administration (FDA) and evidence-based treatment guidelines from the medical literature with our Pharmacy and Therapeutics Committee and network specialists. All have advised Optima Health to implement maximum daily dosage limits for certain classes of drugs as recommended by the FDA. Please note that benefits have not changed. There may be rare exceptions necessitating the use of higher than recommended dosages of medications and Pharmacy Care Services will review dosing exception requests on a case-by-case basis via the [Maximum Daily Dosage Limit Exceptions Request Form](#) found on the [Optima Health website](#). Please note that quantity limits apply to any FDA-approved generic equivalents.

Contact Optima Health Member Services at the number on the back of your member ID card if you have any questions regarding your coverage of benefits.

LABEL NAME	QTY. LIMIT
ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE CAP 320.5-30-16 MG (TREZIX)	10 CAPS/DAY
ACETAMINOPHEN W/ CODEINE TAB 300-15 MG	10 TABS/DAY
ACETAMINOPHEN W/ CODEINE TAB 300-30 MG	10 TABS/DAY
ACETAMINOPHEN W/ CODEINE TAB 300-60 MG	10 TABS/DAY
ACETAMINOPHEN W/ CODEINE SOLN 120-12 MG/5ML	150 ML/DAY
ACETAMINOPHEN W/ CODEINE SUSP 120-12 MG/5ML	150 ML/DAY
ASPIRIN-CAFFEINE-DIHYDROCODEINE CAP 356.4-30-16 MG	10 CAPS/DAY
ADEMPAS TAB 0.5MG	15 TABS/DAY
ADEMPAS TAB 1MG	7 TABS/DAY
ADEMPAS TAB 1.5MG	5 TABS/DAY
ADEMPAS TAB 2MG	3 TABS/DAY
ADEMPAS TAB 2.5MG	3 TABS/DAY
ADDERALL TAB 10MG	6 TABS/DAY
ADDERALL TAB 12.5MG	4.8 TABS/DAY
ADDERALL TAB 15MG	4 TABS/DAY
ADDERALL TAB 20MG	3 TABS/DAY
ADDERALL TAB 30MG	2 TABS/DAY
ADDERALL TAB 5MG	12 TABS/DAY
ADDERALL TAB 7.5MG	8 TABS/DAY
ADDERALL XR CAP 10MG	6 CAPS/DAY
ADDERALL XR CAP 15MG	4 CAPS/DAY
ADDERALL XR CAP 20MG	3 CAPS/DAY
ADDERALL XR CAP 25MG	2.4 CAPS/DAY
ADDERALL XR CAP 30MG	2 CAPS/DAY
ADDERALL XR CAP 5MG	12 CAPS/DAY
ADZENYS XR TAB	18.8MG/DAY
ALECENSA CAP 150MG	8 CAPS/DAY
ALLZITAL TAB 25-325MG	12 TABS/DAY
ALMOTRIPTAN TAB	12 TABS/30DAYS
AKYNZEO CAP	1 CAP/28 DAY
AMBIEN TAB 10MG	30 TABS/30 DAY
AMBIEN TAB 5MG	60 CAPS/30 DAY
AMBIEN CR TAB 12.5MG	30 TABS/30 DAY
AMBIEN CR TAB 6.25MG	30 TABS/30 DAY
AMERGE TAB 1MG	9 TABS/30 DAY
AMERGE TAB 2.5MG	9 TABS/30 DAY
AMPHET/DEXTR TAB 10MG	6 TABS/DAY

LABEL NAME	QTY. LIMIT
AMPHET/DEXTR TAB 12.5MG	4.8 TABS/DAY
AMPHET/DEXTR TAB 15MG	4 TABS/DAY
AMPHET/DEXTR TAB 20MG	3 TABS/DAY
AMPHET/DEXTR TAB 30MG	2 TABS/DAY
AMPHET/DEXTR TAB 5MG	12 TABS/DAY
AMPHET/DEXTR TAB 7.5MG	8 TABS/DAY
AMPHETAMINE CAP 10MG ER	6 CAPS/DAY
AMPHETAMINE CAP 15MG ER	4 CAPS/DAY
AMPHETAMINE CAP 20MG ER	3 CAPS/DAY
AMPHETAMINE CAP 25MG ER	2.4 CAPS/DAY
AMPHETAMINE CAP 30MG ER	2 CAPS/DAY
AMPHETAMINE CAP 5MG ER	12 CAPS/DAY
AMPYRA TAB	60 TABS/30DAYS
ANZEMET TAB	10 TABS/RX
APTENSIO XR CAP	60 MG/DAY
AQUORAL AER	40 ML/30 DAYS
ARIPIPRAZOLE TAB	30 MG/DAY
ARMODAFINIL TAB	250 MG/DAY
ARYMO ER TAB 15MG	6 TABS/DAY
ARYMO ER TAB 30MG	3 TABS/DAY
ARYMO ER TAB 60MG	2 TABS/DAY
AURYXIA TAB	360 TABS/30DAYS
AUVI-Q INJ 0.15MG	1 BOX/RX
AUVI-Q INJ 0.30MG	1 BOX/RX
BELBUCA MIS 75MCG	2 FILMS/DAY
BELBUCA MIS 150MCG	2 FILMS/DAY
BELBUCA MIS 300MCG	2 FILMS/DAY
BELBUCA MIS 450MCG	2 FILMS/DAY
BELBUCA MIS 600MCG	2 FILMS/DAY
BELBUCA MIS 750MCG	2 FILMS/DAY
BELBUCA MIS 900MCG	2 FILMS/DAY
BELSOMRA TAB	30 TABS/30 DAYS
BUNAVAIL MIS 2.1-0.3	4 FILMS/DAY
BUNAVAIL MIS 4.2-0.7	2 FILMS/DAY
BUNAVAIL MIS 6.3-1MG	1 FILM/DAY
BUPREN/NALOX SUB 2-0.5MG	12 TABS/DAY
BUPREN/NALOX SUB 8-2MG	3 TABS/DAY
BUPREN/NALOX SUB 2-0.5MG (Medicaid)	3 TABS/DAY
BUPREN/NALOX SUB 8-2MG (Medicaid)	2 TABS/DAY
BUPRENORPHIN SUB 2MG	12 TABS/DAY
BUPRENORPHIN SUB 8MG	3 TABS/DAY
BUPRENORPHIN SUB 2MG (Medicaid)	3 TABS/DAY
BUPRENORPHIN SUB 8MG (Medicaid)	2 TABS/DAY

*This document is updated quarterly and is current at the time of printing. It is provided as a reference and is subject to change. Not all drugs listed may be covered under every Plan. Some drugs may require prior authorization or a step-edit. Please check the website, [www.optimahealth.com](http://www.optimahealth.com) for updates.*

January – March 2018 Rev: 1/1/2018

LABEL NAME	QTY. LIMIT
BUPROBAN TAB 150MG	TWO 90 DAY SUPPLIES/183 DAYS
BUPROPION TAB 100MG	4.5 TABS/DAY
BUPROPION TAB 100MG ER	4.5 TABS/DAY
BUPROPION TAB 100MG SR	4.5 TABS/DAY
BUPROPION TAB 150MG	TWO 90 DAY SUPPLIES/183 DAYS
BUPROPION TAB 150MG ER	3 TABS/DAY
BUPROPION TAB 150MG SR	3 TABS/DAY
BUPROPION TAB 200MG ER	2.25 TABS/DAY
BUPROPION TAB 75MG	6 TABS/DAY
BUPROPN HCL TAB 150MG XL	3 TABS/DAY
BUPROPN HCL TAB 300MG XL	1.5 TABS/DAY
BUTAL/APAP TAB 50-325MG	6 TABS/DAY
BUTALBITAL-ACETAMINOPHEN-CAFF W/ COD CAP 50-300-40-30 MG	6 TABS/DAY
BUTALBITAL-ACETAMINOPHEN-CAFF W/ COD CAP 50-325-40-30 MG	6 TABS/DAY
BUTALBITAL-ASPIRIN-CAFF W/ CODEINE CAP 50-325-40-30 MG	6 TABS/DAY
BUTORPHANOL TARTRATE NASAL SOLN 10 MG/ML	2 BOTTLES/30 DAYS
BUTRANS DIS 10MCG/HR	4 PATCHES/DAY
BUTRANS DIS 15MCG/HR	4 PATCHES/DAY
BUTRANS DIS 20MCG/HR	4 PATCHES/DAY
BUTRANS DIS 5MCG/HR	4 PATCHES/DAY
BUTRANS DIS 7.5/HR	4 PATCHES/DAY
CABOMETYX TAB 20MG	1 TAB/DAY
CABOMETYX TAB 40MG	1 TAB/DAY
CABOMETYX TAB 60MG	1 TAB/DAY
CALCIUM ACETATE (Eliphos®)	360 TABS/30 DAY
CALCIUM ACETATE (Phoslo®)	360 TABS/30 DAY
CAMBIA SACHET	9 SACHETS/30DAYS
CELECOXIB CAP 50 MG	8 CAPS/DAY
CELECOXIB CAP 100 MG	4 CAPS/DAY
CELECOXIB CAP 200 MG	2 CAPS/DAY
CELECOXIB CAP 400 MG	1 CAP/DAY
CELEXA TAB 10MG	4 TABS/DAY
CELEXA TAB 20MG	2 TABS/DAY
CELEXA TAB 40MG	1 TAB/DAY
CAPHOSOL SOL	120 ML/30 DAYS
CHANTIX	TWO 90 DAY SUPPLIES/183 DAYS
CHLORPROMAZ TAB 100MG	8 TABS/DAY
CHLORPROMAZ TAB 10MG	80 TABS/DAY
CHLORPROMAZ TAB 200MG	4 TABS/DAY
CHLORPROMAZ TAB 25MG	32 TABS/DAY
CHLORPROMAZ TAB 50MG	16 TABS/DAY
CIALIS TAB 10MG	4 TABS/30 DAY
CIALIS TAB 2.5MG	5 TABS/30 DAY
CIALIS TAB 20MG	4 TABS/30 DAY
CIALIS TAB 5MG	4 TABS/30 DAY
CITALOPRAM SOL 10MG/5ML	20 ML/DAY
CITALOPRAM TAB 10MG	4 TABS/DAY
CITALOPRAM TAB 20MG	2 TABS/DAY
CITALOPRAM TAB 40MG	1 TABS/DAY
CITALOPRAM TAB OVER 60 Y.O.	20 MG/DAY
CLOZAPINE TAB 100/ODT	9 TABS/DAY
CLOZAPINE TAB 100MG	9 TABS/DAY
CLOZAPINE TAB 12.5/ODT	72 TABS/DAY
CLOZAPINE TAB 150/ODT	6 TABS/DAY

LABEL NAME	QTY. LIMIT
CLOZAPINE TAB 200/ODT	4.5 TABS/DAY
CLOZAPINE TAB 200MG	4.5 TABS/DAY
CLOZAPINE TAB 25MG	36 TABS/DAY
CLOZAPINE TAB 25MG ODT	36 TABS/DAY
CLOZAPINE TAB 50MG	18 TABS/DAY
CLOZARIL TAB 100MG	9 TABS/DAY
CLOZARIL TAB 25MG	36 TABS/DAY
CODEINE SULFATE TAB 15 MG	24 TABS/DAY
CODEINE SULFATE TAB 30 MG	12 TABS/DAY
CODEINE SULFATE TAB 60 MG	6 TABS/DAY
CODEINE SULFATE ORAL SOLN 30 MG/5ML	60 ML/DAY
COMETRIQ KIT 60 MG	84 CAPS/30 DAYS
COMETRIQ KIT 100 MG	56 CAPS/30 DAYS
COMETRIQ KIT 140 MG	112 CAPS/30 DAYS
CONCERTA TAB 18MG	4 TABS/DAY
CONCERTA TAB 27MG	2.67 TABS/DAY
CONCERTA TAB 36MG	2 TABS/DAY
CONCERTA TAB 54MG	1.33 TABS/DAY
CYMBALTA CAP 20MG	6 CAPS/DAY
CYMBALTA CAP 30MG	4 CAPS/DAY
CYMBALTA CAP 60MG	2 CAPS/DAY
DAYTRANA DIS	1 PATCH/DAY
DESOXYN TAB 5MG	5 TABS/DAY
DESVENLAFAXINE TAB 100MG ER	2 TABS/DAY
DESVENLAFAX TAB 50MG ER	2 TABS/DAY
DEXEDRINE CAP 10MG CR	6 CAPS/DAY
DEXEDRINE CAP 15MG CR	4 CAPS/DAY
DEXEDRINE CAP 5MG CR	12 CAPS/DAY
DEXEDRINE TAB 10MG	6 TABS/DAY
DEXEDRINE TAB 5MG	12 TABS/DAY
DEXMETHYLPH CAP 15MG ER	2.67 CAPS/DAY
DEXMETHYLPH CAP 30MG ER	1.33 CAPS/DAY
DEXMETHYLPH CAP 40MG ER	1 CAP/DAY
DEXMETHYLPH TAB 10MG	2 TABS/DAY
DEXMETHYLPH TAB 2.5MG	8 TABS/DAY
DEXMETHYLPH TAB 5MG	4 TABS/DAY
DEXMETHYLPH CAP 10MG ER	4 CAPS/DAY
DEXMETHYLPH CAP 20MG ER	2 CAPS/DAY
DEXMETHYLPH CAP 5MG ER	8 CAPS/DAY
DEXTROAMPHET CAP 10MG ER	6 CAPS/DAY
DEXTROAMPHET CAP 15MG ER	4 CAPS/DAY
DEXTROAMPHET CAP 5MG ER	12 CAPS/DAY
DEXTROAMPHET TAB 10MG	6 TABS/DAY
DEXTROAMPHET TAB 5MG	12 TABS/DAY
DIHYDROERGOT SPRAY (Migranal®)	8 BOTTLES/30 DAYS
DULOXETINE CAP 20MG	6 CAPS/DAY
DULOXETINE CAP 30MG	4 CAPS/DAY
DULOXETINE CAP 40MG	3 CAPS/DAY
DULOXETINE CAP 60MG	2 CAPS/DAY
DURAGESIC DIS 100MCG/H	0.333 PATCHES/DAY
DURAGESIC DIS 12MCG/HR	0.333 PATCHES/DAY
DURAGESIC DIS 25MCG/HR	0.333 PATCHES/DAY
DURAGESIC DIS 50MCG/HR	0.333 PATCHES/DAY
DURAGESIC DIS 75MCG/HR	0.333 PATCHES/DAY
DYANAVEL XR SUS 2.5MG/ML	8 ML/DAY
EDLUAR 5 MG TAB	60 TABS/30DAYS
EDLUAR 10 MG TAB	30 TABS/30DAYS
EFFEXOR XR CAP 150MG	3 CAPS/DAY

***This document is updated quarterly and is current at the time of printing. It is provided as a reference and is subject to change. Not all drugs listed may be covered under every Plan. Some drugs may require prior authorization or a step-edit. Please check the website, [www.optimahealth.com](http://www.optimahealth.com) for updates.***

LABEL NAME	QTY. LIMIT
EFFEXOR XR CAP 37.5MG	12 CAPS/DAY
EFFEXOR XR CAP 75MG	6 CAPS/DAY
EMEND CAP 125MG	3 CAPS/RX
EMEND CAP 40MG	3 CAPS/RX
EMEND CAP 80MG	3 CAPS/RX
EMEND PAK 80 & 125	1 PACK/RX
EPINEPHRINE INJ 0.15MG	1 BOX/RX
EPINEPHRINE INJ 0.3MG	1 BOX/RX
EPIPEN-JR INJ 2-PAK	1 BOX/RX
EPIPEN INJ 2-PAK	1 BOX/RX
ESCITALOPRAM SOL 5MG/5ML	20 ML/DAY
ESCITALOPRAM TAB 10MG	2 TABS/DAY
ESCITALOPRAM TAB 20MG	1 TAB/DAY
ESCITALOPRAM TAB 5MG	4 TABS/DAY
ESZOPICLONE TAB 1MG	60 TABS/30 DAY
ESZOPICLONE TAB 2MG	30 TABS/30 DAY
ESZOPICLONE TAB 3MG	30 TABS/30 DAY
EVEKEO TAB	60 MG/DAY
EVZIO INJ 2/0.4ML	2 BOXES/30 DAYS
FANAPT TAB	24 MG/DAY
FAZACLO TAB 100 ODT	9 TABS/DAY
FAZACLO TAB 12.5 ODT	72 TABS/DAY
FAZACLO TAB 150 ODT	6 TABS/DAY
FAZACLO TAB 200 ODT	4.5 TABS/DAY
FAZACLO TAB 25MG ODT	36 TABS/DAY
FENTANYL CITRATE BUCCAL TAB 100 MCG (FENTORA)	4 TABS/DAY
FENTANYL CITRATE BUCCAL TAB 200 MCG (FENTORA)	4 TABS/DAY
FENTANYL CITRATE BUCCAL TAB 300 MCG (FENTORA)	4 TABS/DAY
FENTANYL CITRATE BUCCAL TAB 400 MCG (FENTORA)	4 TABS/DAY
FENTANYL CITRATE BUCCAL TAB 600 MCG (FENTORA)	4 TABS/DAY
FENTANYL CITRATE BUCCAL TAB 800 MCG (FENTORA)	4 TABS/DAY
FENTANYL CITRATE LOZENGE 200 MCG (ACTIQ)	4 LOZ/DAY
FENTANYL CITRATE LOZENGE 400 MCG	4 LOZ/DAY
FENTANYL CITRATE LOZENGE 600 MCG	4 LOZ/DAY
FENTANYL CITRATE LOZENGE 800 MCG	4 LOZ/DAY
FENTANYL CITRATE LOZENGE 1200 MCG	4 LOZ/DAY
FENTANYL CITRATE LOZENGE 1600 MCG	4 LOZ/DAY
FENTANYL CITRATE NASAL SPRAY 100 MCG/ACT (LAZANDA)	8 SPRAY UNITS/DAY
FENTANYL CITRATE NASAL SPRAY 300 MCG/ACT (LAZANDA)	8 SPRAY UNITS/DAY
FENTANYL CITRATE NASAL SPRAY 400 MCG/ACT (LAZANDA)	8 SPRAY UNITS/DAY
FENTANYL CITRATE SL TAB 100 MCG (ABSTRAL)	4 TABS/DAY
FENTANYL CITRATE SL TAB 200 MCG (ABSTRAL)	4 TABS/DAY
FENTANYL CITRATE SL TAB 300 MCG (ABSTRAL)	4 TABS/DAY

LABEL NAME	QTY. LIMIT
FENTANYL CITRATE SL TAB 400 MCG (ABSTRAL)	4 TABS/DAY
FENTANYL CITRATE SL TAB 600 MCG (ABSTRAL)	4 TABS/DAY
FENTANYL CITRATE SL TAB 800 MCG (ABSTRAL)	4 TABS/DAY
FENTANYL SL SPRAY 100 MCG (SUBSYS)	4 SP UNITS/DAY
FENTANYL SL SPRAY 200 MCG	4 SP UNITS/DAY
FENTANYL SL SPRAY 400 MCG	4 SP UNITS/DAY
FENTANYL SL SPRAY 600 MCG	4 SP UNITS/DAY
FENTANYL SL SPRAY 800 MCG	4 SP UNITS/DAY
FENTANYL SL SPRAY 1200 MCG	4 SP UNITS/DAY
FENTANYL SL SPRAY 1600 MCG	4 SP UNITS/DAY
FENTANYL DIS 100MCG/H	0.333 PATCHES/DAY
FENTANYL DIS 12MCG/HR	0.333 PATCHES/DAY
FENTANYL DIS 25MCG/HR	0.333 PATCHES/DAY
FENTANYL DIS 37.5MCG	0.333 PATCHES/DAY
FENTANYL DIS 50MCG/HR	0.333 PATCHES/DAY
FENTANYL DIS 62.5MCG	0.333 PATCHES/DAY
FENTANYL DIS 75MCG/HR	0.34 PATCHES/DAY
FENTANYL DIS 87.5MCG	0.333 PATCHES/DAY
FETZIMA CAP	120 MG/DAY
FIRAZYR	3 SYRINGES/RX
FLUOXETINE CAP 10MG	8 CAPS/DAY
FLUOXETINE CAP 20MG	4 CAPS/DAY
FLUOXETINE CAP 40MG	2 CAPS/DAY
FLUOXETINE CAP 90MG DR	1 CAPS/DAY
FLUOXETINE SOL 20MG/5ML	20 ML/DAY
FLUOXETINE TAB 10MG	8 TABS/DAY
FLUOXETINE TAB 20MG	4 TABS/DAY
FLUOXETINE TAB 60MG	1.33 TABS/DAY
FLUPHENAZINE TAB 2.5MG	16 TABS/DAY
FLUPHENAZINE TAB 5MG	8 TABS/DAY
FLURAZEPAM CAP 15MG	30 CAPS/30 DAYS
FLURAZEPAM CAP 30MG	30 CAPS/30 DAYS
FLUVOXAMINE CAP 100MG ER	3 CAPS/DAY
FLUVOXAMINE CAP 150MG ER	2 CAPS/DAY
FLUVOXAMINE TAB 100MG	3 TABS/DAY
FLUVOXAMINE TAB 25MG	12 TABS/DAY
FLUVOXAMINE TAB 50MG	6 TABS/DAY
FOCALIN TAB 10MG	2 TABS/DAY
FOCALIN TAB 2.5MG	8 TABS/DAY
FOCALIN TAB 5MG	4 TABS/DAY
FOCALIN XR CAP 10MG	4 CAPS/DAY
FOCALIN XR CAP 15MG	2.67 CAPS/DAY
FOCALIN XR CAP 20MG	2 CAPS/DAY
FOCALIN XR CAP 25MG	1 CAP/DAY
FOCALIN XR CAP 30MG	1.33 CAPS/DAY
FOCALIN XR CAP 35MG	1 CAP/DAY
FOCALIN XR CAP 40MG	1 CAP/DAY
FOCALIN XR CAP 5MG	8 CAPS/DAY
FORTEO SOL 600/2.4	1 PEN/30 DAYS
FOSRENOL 500MG TAB	270 TABS/30 DAYS
FOSRENOL 750MG TAB	180 TABS OR PACKETS/30 DAYS
FOSRENOL 1000MG TAB	120 TABS OR PACKETS/30 DAYS
FROVATRIPTAN TAB	12 TABS/30 DAYS
GABAPENTIN CAPS	3600 MG/DAY

***This document is updated quarterly and is current at the time of printing. It is provided as a reference and is subject to change. Not all drugs listed may be covered under every Plan. Some drugs may require prior authorization or a step-edit. Please check the website, [www.optimahealth.com](http://www.optimahealth.com) for updates.***

LABEL NAME	QTY. LIMIT
GELCLAIR GEL	15 PACKETS/RX
GEODON CAP 20MG	8 CAPS/DAY
GEODON CAP 40MG	4 CAPS/DAY
GEODON CAP 60MG	2.67 CAPS/DAY
GEODON CAP 80MG	2 CAPS/DAY
GLUMETZA TAB 1000MG	2 TABS/DAY
GLUMETZA TAB 500MG	3 TABS/DAY
GRANISETRON TAB 1MG	15 TABS/RX
HALCION TAB 0.25MG	30 TABS/30 DAY
HALOPERIDOL TAB 0.5MG	60 TABS/DAY
HALOPERIDOL TAB 10MG	3 TABS/DAY
HALOPERIDOL TAB 1MG	30 TABS/DAY
HALOPERIDOL TAB 20MG	1.5 TABS/DAY
HALOPERIDOL TAB 2MG	15 TABS/DAY
HALOPERIDOL TAB 5MG	6 TABS/DAY
HYDROCOD BIT CAP SR 12HR 10 MG (ZOHYDRO ER)	2 CAPS/DAY
HYDROCOD BIT CAP SR 12HR 15 MG (ZOHYDRO ER)	2 CAPS/DAY
HYDROCOD BIT CAP SR 12HR 20 MG (ZOHYDRO ER)	2 CAPS/DAY
HYDROCOD BIT CAP SR 12HR 30 MG (ZOHYDRO ER)	2 CAPS/DAY
HYDROCOD BIT CAP SR 12HR 40 MG (ZOHYDRO ER)	2 CAPS/DAY
HYDROCOD BIT CAP SR 12HR 50 MG (ZOHYDRO ER)	2 CAPS/DAY
HYDROCOD BIT TAB ER 24HR 20 MG (HYSINGLA ER)	1 TAB/DAY
HYDROCOD BIT TAB ER 24HR 30 MG (HYSINGLA ER)	1 TAB/DAY
HYDROCOD BIT TAB ER 24HR 40 MG (HYSINGLA ER)	1 TAB/DAY
HYDROCOD BIT TAB ER 24HR 60 MG (HYSINGLA ER)	1 TAB/DAY
HYDROCOD BIT TAB ER 24HR 80 MG (HYSINGLA ER)	1 TAB/DAY
HYDROCOD BIT TAB ER 24HR 100 MG (HYSINGLA ER)	1 TAB/DAY
HYDROCOD BIT TAB ER 24HR 120 MG (HYSINGLA ER)	1 TAB/DAY
HYDROCODONE-ACETAMINOPHEN TAB 2.5-325 MG	12 TABS/DAY
HYDROCODONE-ACETAMINOPHEN TAB 5-300 MG	8 TABS/DAY
HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	12 TABS/DAY
HYDROCODONE-ACETAMINOPHEN TAB 7.5-300 MG	6 TABS/DAY
HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	12 TABS/DAY
HYDROCODONE-ACETAMINOPHEN TAB 10-300 MG	6 TABS/DAY
HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	9 TABS/DAY
HYDROCODONE-ACETAMINOPHEN SOLN 7.5-325 MG/15ML	180 ML/DAY
HYDROCODONE-ACETAMINOPHEN SOLN 7.5-500 MG/15ML	135 ML/DAY
HYDROCODONE-ACETAMINOPHEN SOLN 10-300 MG/15ML	135 ML/DAY
HYDROCODONE-ACETAMINOPHEN SOLN 10-325 MG/15ML	120 ML/DAY

LABEL NAME	QTY. LIMIT
hydrocodone-chlorpheniramine (Tussionex®)	120 ML/30 DAYS
HYDROCODONE-IBUPROFEN TAB 2.5-200 MG	5 TABS/DAY
HYDROCODONE-IBUPROFEN TAB 5-200 MG	5 TABS/DAY
HYDROCODONE-IBUPROFEN TAB 7.5-200 MG	5 TABS/DAY
HYDROCODONE-IBUPROFEN TAB 10-200 MG	5 TABS/DAY
HYDROMORPHONE HCL TAB ER 24HR DETER 8 MG (EXALGO)	1 TAB/DAY
HYDROMORPHONE HCL TAB ER 24HR DETER 12 MG (EXALGO)	1 TAB/DAY
HYDROMORPHONE HCL TAB ER 24HR DETER 16 MG (EXALGO)	1 TAB/DAY
HYDROMORPHONE HCL TAB ER 24HR DETER 32 MG (EXALGO)	1 TAB/DAY
HYDROMORPHONE HCL TAB 2 MG	11 TABS/DAY
HYDROMORPHONE HCL TAB 4 MG	5 TABS/DAY
HYDROMORPHONE HCL TAB 8 MG	2 TABS/DAY
HYDROMORPHONE HCL LIQD 1 MG/ML	22 ML/DAY
HYDROMORPHONE HCL SUPPOS 3 MG	4 SUPP/DAY
IMBRUVICA CAP 140MG	3 CAPS/DAY
IMITREX INJ 4MG/0.5	8 SYRINGES/30 DAY
IMITREX INJ 6MG/0.5	8 SYRINGES/30 DAY
IMITREX SPR 20MG/ACT	6 BOTTLES/30 DAY
IMITREX SPR 5MG/ACT	12 BOTTLES/30 DAY
IMITREX TAB 100MG	9 TABS/30 DAY
IMITREX TAB 25MG	18 TABS/30 DAY
IMITREX TAB 50MG	18 TABS/30 DAY
KETOROLAC TABS	20 TABS/RX
KHEDEZLA TAB 100MG ER	2 TABS/DAY
KHEDEZLA TAB 50MG ER	2 TABS/DAY
LATUDA TAB	160 MG/DAY
LEVITRA TAB 10MG	4 TABS/30 DAY
LEVITRA TAB 2.5MG	4 TABS/30 DAY
LEVITRA TAB 20MG	4 TABS/30 DAY
LEVITRA TAB 5MG	4 TABS/30 DAY
LEVORPHANOL TARTR TAB 2 MG	4 TABS/DAY
LEXAPRO SOL 5MG/5ML	20 ML/DAY
LEXAPRO TAB 10MG	2 TABS/DAY
LEXAPRO TAB 20MG	1 TAB/DAY
LEXAPRO TAB 5MG	4 TABS/DAY
LIDOCAINE PAD 5%	90 PATCHES/30 DAY
LIDODERM DIS 5%	90 PATCHES/30 DAY
LOXAPINE CAP 10MG	25 CAPS/DAY
LOXAPINE CAP 25MG	10 CAPS/DAY
LOXAPINE CAP 50MG	5 CAPS/DAY
LOXAPINE CAP 5MG	50 CAPS/DAY
LOXITANE CAP 5MG	50 CAPS/DAY
LUNESTA TAB 1MG	60 TABS/30 DAY
LUNESTA TAB 2MG	30 TABS/30 DAY
LUNESTA TAB 3MG	30 TABS/30 DAY
LUVOX CR CAP 100MG	3 CAPS/DAY
LUVOX CR CAP 150MG	2 CAPS/DAY
LYRICA CAPS	600 MG/DAY
MAXALT TAB 10MG	12 TABS/30 DAY
MAXALT TAB 5MG	12 TABS/30 DAY

***This document is updated quarterly and is current at the time of printing. It is provided as a reference and is subject to change. Not all drugs listed may be covered under every Plan. Some drugs may require prior authorization or a step-edit. Please check the website, [www.optimahealth.com](http://www.optimahealth.com) for updates.***

LABEL NAME	QTY. LIMIT
MAXALT-MLT TAB 10MG	12 TABS/30 DAY
MAXALT-MLT TAB 5MG	12 TABS/30 DAY
MEPERIDINE HCL TAB 50 MG	18 TABS/DAY
MEPERIDINE HCL TAB 100 MG	9 TABS/DAY
MEPERIDINE HCL ORAL SOLN 50 MG/5ML	90 ML/DAY
MEPERIDINE W/ PROMETHAZINE CAP 50-25 MG	18 CAPS/DAY
METADATE TAB 20MG ER	3 TABS/DAY
METADATE CD CAP 10MG	6 CAPS/DAY
METADATE CD CAP 20MG	3 CAPS/DAY
METADATE CD CAP 30MG	2 CAPS/DAY
METADATE CD CAP 40MG	1.5 CAPS/DAY
METADATE CD CAP 50MG	1.2 CAPS/DAY
METADATE CD CAP 60MG	1 CAP/DAY
METFORMIN TAB 1000MG (generic Glumetza)	2 TABS/DAY
METFORMIN TAB 500MG ER (generic Glumetza)	3 TABS/DAY
METHADONE HCL TAB 5 MG	6 TABS/DAY
METHADONE HCL TAB 10 MG	3 TABS/DAY
METHADONE HCL CONC 10 MG/ML	3 ML/DAY
METHADONE HCL SOLN 5 MG/5ML	30 ML/DAY
METHADONE HCL SOLN 10 MG/5ML	15 ML/DAY
METHAMPHETAMINE TAB 5MG	5 TABS/DAY
METHYLIN CHW 10MG	6 TABS/DAY
METHYLIN CHW 2.5MG	24 TABS/DAY
METHYLIN CHW 5MG	12 TABS/DAY
METHYLIN SOL 10MG/5ML	30 ML/DAY
METHYLIN SOL 5MG/5ML	60 ML/DAY
METHYLPHENID CHW 2.5MG	24 TABS/DAY
METHYLPHENID CHW 5MG	12 TABS/DAY
METHYLPHENID CHW 10MG	6 TABS/DAY
METHYLPHENID SOL 5MG/5ML	60 ML/DAY
METHYLPHENID SOL 10MG/5ML	30 ML/DAY
METHYLPHENID CAP 10MG	6 CAPS/DAY
METHYLPHENID CAP 20MG	3 CAPS/DAY
METHYLPHENID CAP 30MG	2 CAPS/DAY
METHYLPHENID CAP 40MG	1.5 CAPS/DAY
METHYLPHENID CAP 50MG	1.2 CAPS/DAY
METHYLPHENID CAP 60MG	1 CAP/DAY
METHYLPHENID TAB 5MG	12 TABS/DAY
METHYLPHENID TAB 10MG	6 TABS/DAY
METHYLPHENID TAB 20MG	3 TABS/DAY
METHYLPHENID CAP 20MG ER	3 CAPS/DAY
METHYLPHENID CAP 30MG ER	2 CAPS/DAY
METHYLPHENID CAP 40MG ER	1.5 CAPS/DAY
METHYLPHENID TAB 10MG ER	6 TABS/DAY
METHYLPHENID TAB 20MG ER	3 TABS/DAY
METHYLPHENID TAB 18MG ER	4 TABS/DAY
METHYLPHENID TAB 27MG ER	2.67 TABS/DAY
METHYLPHENID TAB 36MG ER	2 TABS/DAY
METHYLPHENID TAB 54MG ER	1.33 TABS/DAY
METHYLPHENID TAB 20MG SR	3 TABS/DAY
MIGRANAL SPR 4MG/ML	8 BOTTLES/30 DAY
MIRTAZAPINE TAB 15MG	4 TABS/DAY
MIRTAZAPINE TAB 15MG ODT	4 TABS/DAY
MIRTAZAPINE TAB 30MG	2 TABS/DAY
MIRTAZAPINE TAB 30MG ODT	2 TABS/DAY
MIRTAZAPINE TAB 45MG	1.33 TABS/DAY

LABEL NAME	QTY. LIMIT
MIRTAZAPINE TAB 45MG ODT	1.33 TABS/DAY
MIRTAZAPINE TAB 7.5MG	8 TABS/30 DAY
MODAFINIL TAB	400MG/DAY
MORPHABOND TAB 15MG ER	4 TABS/DAY
MORPHABOND TAB 30MG ER	3 TABS/DAY
MORPHABOND TAB 60MG ER	2 TABS/DAY
MORPHABOND TAB 100MG ER	2 TABS/DAY
MORPHINE SULFATE BEADS CAP SR 24HR 30MG (AVINZA)	1 CAP/DAY
MORPHINE SULFATE BEADS CAP SR 24HR 45MG (AVINZA)	1 CAP/DAY
MORPHINE SULFATE BEADS CAP SR 24HR 60MG (AVINZA)	1 CAP/DAY
MORPHINE SULFATE BEADS CAP SR 24HR 75MG (AVINZA)	1 CAP/DAY
MORPHINE SULFATE BEADS CAP SR 24HR 90MG (AVINZA)	1 CAP/DAY
MORPHINE SULFATE BEADS CAP SR 24HR 120MG (AVINZA)	1 CAP/DAY
MORPHINE SUL CAP 10MG ER (KADIAN)	2 CAPS/DAY
MORPHINE SUL CAP 20MG ER (KADIAN)	2 CAPS/DAY
MORPHINE SUL CAP 30MG ER (KADIAN)	3 CAPS/DAY
MORPHINE SUL CAP 40MG ER (KADIAN)	2 CAPS/DAY
MORPHINE SUL CAP 50MG ER (KADIAN)	2 CAPS/DAY
MORPHINE SUL CAP 60MG ER (KADIAN)	1 CAP/DAY
MORPHINE SUL CAP 80MG ER (KADIAN)	1 CAP/DAY
MORPHINE SUL CAP 100MG ER (KADIAN)	1 CAP/DAY
MORPHINE SUL CAP 200MG ER (KADIAN)	1 CAP/DAY
MORPHINE SULFATE ORAL SOLN 10 MG/5ML	30 ML/DAY
MORPHINE SULFATE ORAL SOLN 20 MG/5ML	22 ML/DAY
MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML)	4 ML/DAY
MORPHINE SULFATE TAB 15 MG	6 TABS/DAY
MORPHINE SULFATE TAB 30 MG	3 TAB/DAY
MORPHINE SULFATE TAB CR 15 MG (MS CONTIN)	3 TAB/DAY
MORPHINE SULFATE TAB CR 30 MG (MS CONTIN)	3 TAB/DAY
MORPHINE SULFATE TAB CR 60 MG (MS CONTIN)	2 TAB/DAY
MORPHINE SULFATE TAB CR 100 MG (MS CONTIN)	2 TAB/DAY
MORPHINE SULFATE TAB CR 200 MG (MS CONTIN)	2 TAB/DAY
MORPHINE SULF SUPPOS 5 MG	6 SUPP/DAY
MORPHINE SULF SUPPOS 10 MG	6 SUPP/DAY
MORPHINE SULF SUPPOS 20 MG	4 SUPP/DAY
MORPHINE SULF SUPPOS 30 MG	3 SUPP/DAY
MORPHINE-NALTREXONE CAP CR 20-0.8 MG (EMBEDA)	2 CAPS/DAY
MORPHINE-NALTREXONE CAP CR 30-1.2 MG (EMBEDA)	2 CAPS/DAY

***This document is updated quarterly and is current at the time of printing. It is provided as a reference and is subject to change. Not all drugs listed may be covered under every Plan. Some drugs may require prior authorization or a step-edit. Please check the website, [www.optimahealth.com](http://www.optimahealth.com) for updates.***

January – March 2018 Rev: 1/1/2018

LABEL NAME	QTY. LIMIT
MORPHINE-NALTREXONE CAP CR 50-2 MG (EMBEDA)	2 CAPS/DAY
MORPHINE-NALTREXONE CAP CR 60-2.4 MG (EMBEDA)	2 CAPS/DAY
MORPHINE-NALTREXONE CAP CR 80-3.2 MG (EMBEDA)	1 CAP/DAY
MORPHINE-NALTREXONE CAP CR 100-4 MG (EMBEDA)	1 CAP/DAY
MUGARD LIQ	1 BOTTLE/30 DAYS
NARATRIPTAN TAB 1MG	9 TABS/30 DAYS
NARATRIPTAN TAB 2.5MG	9 TABS/30 DAYS
NUDEXTA CAP	60 CAPS/30 DAYS
NEUTRASAL POW	120 PACKETS /30 DAYS
NICOTINE POLACRILEX GUM	TWO 90 DAY SUPPLIES/183 DAYS
NICOTINE POLACRILEX LOZENGE	TWO 90 DAY SUPPLIES/183 DAYS
NICOTINE TD PATCH 24 HR KIT 21-14-7 MG/24HR	TWO 90 DAY SUPPLIES/183 DAYS
NICOTROL INH	TWO 90 DAY SUPPLIES/183 DAYS
NICOTROL NS SPR 10MG/ML	TWO 90 DAY SUPPLIES/183 DAYS
NUPLAZID TAB 17MG	2 TABS/DAY
OLANZAPINE TAB 10MG	4 TABS/DAY
OLANZAPINE TAB 10MG ODT	4 TABS/DAY
OLANZAPINE TAB 15MG	2.67 TABS/DAY
OLANZAPINE TAB 15MG ODT	2.67 TABS/DAY
OLANZAPINE TAB 2.5MG	16 TABS/DAY
OLANZAPINE TAB 20MG	2 TABS/DAY
OLANZAPINE TAB 20MG ODT	2 TABS/DAY
OLANZAPINE TAB 5MG	8 TABS/DAY
OLANZAPINE TAB 5MG ODT	8 TABS/DAY
OLANZAPINE TAB 7.5MG	5.33 TABS/DAY
OLEPTRO TAB 24HR 150MG	3 TABS/DAY
OLEPTRO TAB 24HR 300MG	1 TAB/DAY
ORAP TAB 1MG	10 TABS/DAY
ORAP TAB 2MG	5 TABS/DAY
OXYCODONE CAP ER 12HR ABUSE-DET 9 MG (XTAMPZA ER)	2 CAPS/DAY
OXYCODONE CAP ER 12HR ABUSE-DET 13.5 MG (XTAMPZA ER)	2 CAPS/DAY
OXYCODONE CAP ER 12HR ABUSE-DET 18 MG (XTAMPZA ER)	2 CAPS/DAY
OXYCODONE CAP ER 12HR ABUSE-DET 27 MG (XTAMPZA ER)	2 CAPS/DAY
OXYCODONE CAP ER 12HR ABUSE-DET 36 MG (XTAMPZA ER)	2 CAPS/DAY
OXYCODONE HCL TAB ABUSE DETER 5 MG (OXYADO)	12 TABS/DAY
OXYCODONE HCL TAB ABUSE DETER 7.5 MG (OXYADO)	8 TABS/DAY
OXYCODONE HCL CAP 5 MG	6 TABS/DAY
OXYCODONE HCL TAB 5 MG	6 TABS/DAY
OXYCODONE HCL TAB 10 MG	6 TABS/DAY
OXYCODONE HCL TAB 15 MG	4 TABS/DAY
OXYCODONE HCL TAB 20 MG	3 TABS/DAY
OXYCODONE HCL TAB 30 MG	2 TABS/DAY
OXYCODONE HCL CONC 100 MG/5ML (20 MG/ML)	3 ML/DAY
OXYCODONE HCL SOLN 5 MG/5ML	30 ML/DAY

LABEL NAME	QTY. LIMIT
OXYCODONE HCL TAB ER 12HR DETER 10 MG (OXYCONTIN)	4 TABS/DAY
OXYCODONE HCL TAB ER 12HR DETER 15 MG (OXYCONTIN)	4 TABS/DAY
OXYCODONE HCL TAB ER 12HR DETER 20 MG (OXYCONTIN)	3 TABS/DAY
OXYCODONE HCL TAB ER 12HR DETER 30 MG (OXYCONTIN)	2 TABS/DAY
OXYCODONE HCL TAB ER 12HR DETER 40 MG (OXYCONTIN)	2 TABS/DAY
OXYCODONE HCL TAB ER 12HR DETER 60 MG (OXYCONTIN)	2 TABS/DAY
OXYCODONE HCL TAB ER 12HR DETER 80 MG (OXYCONTIN)	2 TABS/DAY
OXYCOD/APAP TAB 2.5-325 MG	12 TABS/DAY
OXYCOD/APAP TAB 5-300 MG	12 TABS/DAY
OXYCOD/APAP TAB 5-320 MG	12 TABS/DAY
OXYCOD/APAP TAB 7.5-300 MG	8 TABS/DAY
OXYCOD/APAP TAB 7.5-325 MG	8 TABS/DAY
OXYCOD/APAP TAB 10-300 MG	6 TABS/DAY
OXYCOD/APAP TAB 10-325 MG	6 TABS/DAY
OXYCOD/ APAP TAB CR 7.5-325 MG (XARTEMIS)	4 TABS/DAY
OXYCOD/APAP SOLN 5-325 MG/5ML	60 ML/DAY
OXYCODONE-ASPIRIN TAB 4.8355-325 MG	12 TABS/DAY
OXYCOD/IBUPROFEN TAB 5-400MG	12 TABS/DAY
OXYMORPHONE HCL TAB ER 12HR DETER 5 MG (OPANA ER)	2 TABS/DAY
OXYMORPHONE HCL TAB ER 12HR DETER 7.5 MG (OPANA ER)	2 TABS/DAY
OXYMORPHONE HCL TAB ER 12HR DETER 10 MG (OPANA ER)	2 TABS/DAY
OXYMORPHONE HCL TAB ER 12HR DETER 15 MG (OPANA ER)	2 TABS/DAY
OXYMORPHONE HCL TAB ER 12HR DETER 20 MG (OPANA ER)	2 TABS/DAY
OXYMORPHONE HCL TAB ER 12HR DETER 30 MG (OPANA ER)	2 TABS/DAY
OXYMORPHONE HCL TAB ER 12HR DETER 40 MG (OPANA ER)	2 TABS/DAY
OXYMORPHONE HCL TAB 5 MG (OPANA)	6 TABS/DAY
OXYMORPHONE HCL TAB 10 MG (OPANA)	3 TABS/DAY
PALIPERIDONE TAB SR 24HR	12 MG/DAY
PAROXETINE TAB 10MG	6 TABS/DAY
PAROXETINE ER TAB 12.5MG	5 TABS/DAY
PAROXETINE TAB 20MG	3 TABS/DAY
PAROXETINE TAB 25MG ER	2.5 TABS/DAY
PAROXETINE TAB 30MG	2 TABS/DAY
PAROXETINE ER TAB 37.5MG	1.67 TABS/DAY
PAROXETINE TAB 40MG	1.5 TABS/DAY
PAXIL SUS 10MG/5ML	30 ML/DAY
PAXIL TAB 10MG	6 TABS/DAY
PAXIL TAB 20MG	3 TABS/DAY
PAXIL TAB 30MG	2 TABS/DAY
PAXIL TAB 40MG	1.5 TABS/DAY
PAXIL CR TAB 12.5MG	5 TABS/DAY
PAXIL CR TAB 25MG	2.5 TABS/DAY
PAXIL CR TAB 37.5MG	1.67 TABS/DAY

***This document is updated quarterly and is current at the time of printing. It is provided as a reference and is subject to change. Not all drugs listed may be covered under every Plan. Some drugs may require prior authorization or a step-edit. Please check the website, [www.optimahealth.com](http://www.optimahealth.com) for updates.***

January – March 2018 Rev: 1/1/2018

LABEL NAME	QTY. LIMIT
PERPHENAZINE TAB 16MG	4 TABS/DAY
PERPHENAZINE TAB 2MG	32 TABS/DAY
PERPHENAZINE TAB 4MG	16 TABS/DAY
PERPHENAZINE TAB 8MG	8 TABS/DAY
PHENYLEP 1.5/BPM 0.8/DIHYDROCOD 0.6MG/ML	600 ML/DAY
PHOSLYRA	90 ML/DAY
PIMOZIDE TAB 1MG	10 TABS/DAY
PIMOZIDE TAB 2MG	5 TABS/DAY
PRALUENT INJ 150MG/ML	2 SYRINGES/30 DAY
PRALUENT INJ 75MG/ML	2 SYRINGES/30 DAY
PRISTIQ TAB	100MG/DAY
PROZAC CAP 10MG	8 CAPS/DAY
PROZAC CAP 20MG	4 CAPS/DAY
PROZAC CAP 40MG	2 CAPS/DAY
PROZAC WEEKL CAP 90MG	1 PACK/28 DAYS
QUETIAPINE TAB 100MG	8 TABS/DAY
QUETIAPINE TAB 200MG	4 TABS/DAY
QUETIAPINE TAB 25MG	32 TABS/DAY
QUETIAPINE TAB 300MG	2.67 TABS/DAY
QUETIAPINE TAB 400MG	2 TABS/DAY
QUETIAPINE TAB 50MG	16 TABS/DAY
QUILLICHEW CHW ER	60 MG/DAY
QUILLIVANT XR SUS	12 ML/DAY
REGRANEX	2 TUBES/ LIFETIME
RELENZA MIS DISKHALE	20 DISKS/183 DAYS
RELPAK	12 TABS/30 DAYS
REMERON TAB 15MG	4 TABS/DAY
REMERON TAB 30MG	2 TABS/DAY
REMERON TAB 45MG	1.33 TABS/DAY
REMERON SLTB TAB 15MG	4 TABS/DAY
REMERON SLTB TAB 30MG	2 TABS/DAY
REMERON SLTB TAB 45MG	1.33 TABS/DAY
RENAGEL TAB 400mg	960 TABS/30 DAYS
RENAGEL TAB 800mg	510 TABS/30 DAYS
RENVELA TAB 800MG	510 TABS/30 DAYS
RENVELA TAB 0.8G	510 PACKETS /30 DAYS
RENVELA TAB 2.4G	150 PACKETS /30 DAYS
REPATHA INJ 140MG/ML	2 SYR/30 DAYS
REPATHA SURE INJ 140MG/ML	2 SYR/30 DAYS
RESTORIL CAP 15MG	60 CAPS/30 DAYS
RESTORIL CAP 22.5MG	30 CAPS/30 DAYS
RESTORIL CAP 30MG	30 CAPS/30 DAYS
RESTORIL CAP 7.5MG	60 CAPS/30 DAYS
RISPERDAL SOL 1MG/ML	8 ML/DAY
RISPERDAL TAB 0.25MG	32 TABS/DAY
RISPERDAL TAB 0.5MG	16 TABS/DAY
RISPERDAL TAB 1MG	8 TABS/DAY
RISPERDAL TAB 2MG	4 TABS/DAY
RISPERDAL TAB 3MG	2.67 TABS/DAY
RISPERDAL TAB 4MG	2 TABS/DAY
RISPERDAL M TAB 0.5MG	16 TABS/DAY
RISPERDAL M TAB 1MG	8 TABS/DAY
RISPERDAL M TAB 2MG	4 TABS/DAY
RISPERDAL M TAB 3MG	2.67 TABS/DAY
RISPERDAL M TAB 4MG	2 TABS/DAY
RISPERIDONE SOL 1MG/ML	8 ML/DAY
RISPERIDONE TAB 0.25 ODT	32 TABS/DAY

LABEL NAME	QTY. LIMIT
RISPERIDONE TAB 0.25MG	32 TABS/DAY
RISPERIDONE TAB 0.5MG	16 TABS/DAY
RISPERIDONE TAB 0.5MG OD	16 TABS/DAY
RISPERIDONE TAB 1MG	8 TABS/DAY
RISPERIDONE TAB 1MG ODT	8 TABS/DAY
RISPERIDONE TAB 2MG	4 TABS/DAY
RISPERIDONE TAB 2MG ODT	4 TABS/DAY
RISPERIDONE TAB 3MG	2.67 TABS/DAY
RISPERIDONE TAB 3MG ODT	2.67 TABS/DAY
RISPERIDONE TAB 4MG	2 TABS/DAY
RISPERIDONE TAB 4MG ODT	2 TABS/DAY
RITALIN TAB 10MG	6 TABS/DAY
RITALIN TAB 20MG	3 TABS/DAY
RITALIN TAB 20MG SR	3 TABS/DAY
RITALIN TAB 5MG	12 TABS/DAY
RITALIN LA CAP 10MG	6 CAPS/DAY
RITALIN LA CAP 20MG	3 CAPS/DAY
RITALIN LA CAP 30MG	2 CAPS/DAY
RITALIN LA CAP 40MG	1.5 CAPS/DAY
RITALIN LA CAP 60MG	1 CAP/DAY
RIZATRIPTAN TAB 10MG	12 TABS/30 DAY
RIZATRIPTAN TAB 10MG ODT	12 TABS/30 DAY
RIZATRIPTAN TAB 5MG	12 TABS/30 DAY
RIZATRIPTAN TAB 5MG ODT	12 TABS/30 DAY
ROZEREM TABS	30 TABS/30 DAYS
SALIVAMAX POW	120 PACKETS /30 DAYS
SALIVATE RX POW	120 PACKETS /30 DAYS
SANCUSO DIS 3.1MG	2 BOXES/30 DAY
SAPHRIS SUB	20 MG/DAY
SEROQUEL TAB 100MG	8 TABS/DAY
SEROQUEL TAB 200MG	4 TABS/DAY
SEROQUEL TAB 25MG	32 TABS/DAY
SEROQUEL TAB 300MG	2.67 TABS/DAY
SEROQUEL TAB 400MG	2 TABS/DAY
SEROQUEL TAB 50MG	16 TABS/DAY
SERTRALINE TAB 100MG	2 TABS/DAY
SERTRALINE TAB 25MG	8 TABS/DAY
SERTRALINE TAB 50MG	4 TABS/DAY
SEVELAMER TAB 800MG	510 TABS/30 DAY
SILDENAFIL TAB 20MG	12 TABS/DAY
SOLIQUA INJ 100/33	18 ML/30 DAYS
SONATA CAP 10MG	30 CAPS/30 DAY
SONATA CAP 5MG	30 CAPS/30 DAY
SPRIX	5 BOTTLES/5 DAY
STAXYN TAB 10MG	4 TABS/30 DAY
STENDRA TAB 100MG	4 TABS/30 DAY
STENDRA TAB 200MG	4 TABS/30 DAY
STENDRA TAB 50MG	4 TABS/30 DAY
STRATTERA CAP	100 MG/DAY
SUCRAID	1 BOX/30 DAYS
SUBOXONE MIS 12-3MG	2 FILMS/DAY
SUBOXONE MIS 2-0.5MG	12 FILMS/DAY
SUBOXONE MIS 4-1MG	4 FILMS/DAY
SUBOXONE MIS 8-2MG	3 FILMS/DAY
SUBOXONE MIS 12-3MG (Medicaid)	1 FILM/DAY
SUBOXONE MIS 2-0.5MG (Medicaid)	3 FILMS/DAY
SUBOXONE MIS 4-1MG (Medicaid)	1 FILM/DAY

***This document is updated quarterly and is current at the time of printing. It is provided as a reference and is subject to change. Not all drugs listed may be covered under every Plan. Some drugs may require prior authorization or a step-edit. Please check the website, [www.optimahealth.com](http://www.optimahealth.com) for updates.***

LABEL NAME	QTY. LIMIT
SUBOXONE MIS 8-2MG (Medicaid)	2 FILMS/DAY
SUMATRIPTAN INJ 4MG/0.5	8 SYRINGES/30 DAYS
SUMATRIPTAN INJ 6MG/0.5	8 SYRINGES/30 DAYS
SUMATRIPT SPR 20MG/ACT	6 BOTTLES/30 DAYS
SUMATRIPT SPR 5MG/ACT	12 BOTTLES/30 DAYS
SUMATRIPTAN TAB 100MG	9 TABS/30 DAYS
SUMATRIPTAN TAB 25MG	18 TABS/30 DAYS
SUMATRIPTAN TAB 50MG	18 TABS/30 DAYS
SUMAVEL DOSEPRO	8 SYRINGES/30 DAYS
TAMIFLU CAP 30MG	20 CAPS/183 DAY
TAMIFLU CAP 45MG	10 CAPS/183 DAY
TAMIFLU CAP 75MG	10 CAPS/183 DAY
TAMIFLU SUS 6MG/ML	180 ML/183 DAY
TAPENTADOL HCL TAB 50 MG (NUCYNTA)	4 TABS/DAY
TAPENTADOL HCL TAB 75 MG (NUCYNTA)	3 TAB/DAY
TAPENTADOL HCL TAB 100 MG (NUCYNTA)	2 TABS/DAY
TAPENTADOL HCL TAB SR 12HR 50 MG (NUCYNTA ER)	2 TABS/DAY
TAPENTADOL HCL TAB SR 12HR 100 MG (NUCYNTA ER)	2 TABS/DAY
TAPENTADOL HCL TAB SR 12HR 150 MG (NUCYNTA ER)	2 TABS/DAY
TAPENTADOL HCL TAB SR 12HR 200 MG (NUCYNTA ER)	2 TABS/DAY
TAPENTADOL HCL TAB SR 12HR 250 MG (NUCYNTA ER)	2 TABS/DAY
TEMAZEPAM CAP 15MG	60 CAPS/30 DAY
TEMAZEPAM CAP 22.5MG	30 CAPS/30 DAY
TEMAZEPAM CAP 30MG	30 CAPS/30 DAY
TEMAZEPAM 7.5MG CAPS	60 CAPS/30 DAY
THIORIDAZINE TAB 100MG	8 TABS/DAY
THIORIDAZINE TAB 10MG	80 TABS/DAY
THIORIDAZINE TAB 25MG	32 TABS/DAY
THIORIDAZINE TAB 50MG	16 TABS/DAY
THIOTHIXENE CAP 10MG	6 CAPS/DAY
THIOTHIXENE CAP 1MG	60 CAPS/DAY
THIOTHIXENE CAP 2MG	30 CAPS/DAY
THIOTHIXENE CAP 5MG	12 CAPS/DAY
TRAMADOL HCL CAP SR 24HR BIPHASIC REL 100 MG (CONZIP)	1 CAP/DAY
TRAMADOL HCL CAP SR 24HR BIPHASIC REL 150 MG (CONZIP)	1 CAP/DAY
TRAMADOL HCL CAP SR 24HR BIPHASIC REL 200 MG (CONZIP)	1 CAP/DAY
TRAMADOL HCL CAP SR 24HR BIPHASIC REL 300 MG (CONZIP)	1 CAP/DAY
TRAMADOL HCL TAB 50MG	8 TABS/DAY
TRAMADOL HCL TAB SR 24HR 100 MG (TRAMADOL ER)	1 TAB/DAY
TRAMADOL HCL TAB SR 24HR 200 MG (TRAMADOL ER)	1 TAB/DAY
TRAMADOL HCL TAB SR 24HR 300 MG (TRAMADOL ER)	1 TAB/DAY
TRAMADOL/APAP TAB 37.5-325	8 TABS/DAY
TRAZODONE TAB 100MG	6 TABS/DAY

LABEL NAME	QTY. LIMIT
TRAZODONE TAB 150MG	4 TABS/DAY
TRAZODONE TAB 300MG	2 TABS/DAY
TRAZODONE TAB 50MG	12 TABS/DAY
TREXIMET TAB	9 TABS/30 DAYS
TREZIX CAP	10 CAPS/DAY
TRIAZOLAM TAB 0.125MG	60 TABS/30 DAYS
TRIAZOLAM TAB 0.25MG	30 TABS/30 DAYS
TRIFLUOPERAZ TAB 10MG	4 TABS/DAY
TRIFLUOPERAZ TAB 1MG	40 TABS/DAY
TRIFLUOPERAZ TAB 2MG	20 TABS/DAY
TRIFLUOPERAZ TAB 5MG	8 TABS/DAY
TRINTELLIX TAB	20 MG/DAY
TUSSICAPS CAP 10-8MG	24 CAPS/30 DAYS
TUSSICAPS CAP 5-4MG	24 CAPS/30 DAYS
TUSSIONEX SUS 10-8/5ML	120 ML/30 DAYS
TYMLOS INJ	1 PEN/30 DAYS
ULTRACET TAB 37.5-325	8 TABS/DAY
ULTRAM TAB 50MG	8 TABS/DAY
ULTRAM ER TAB 100MG	3 TABS/DAY
ULTRAM ER TAB 200MG	1.5 TABS/DAY
ULTRAM ER TAB 300MG	1 TAB/DAY
VANATOL LQ SOL	90 ML/DAY
VARUBI TAB 90MG	2 TABS/28 DAYS
VELPHORO TAB	180 TABS/30 DAYS
VENCLEXTA STARTING PACK	1 PACK/28 DAYS
VENCLEXTA TAB 10 MG	2 TABS/DAY
VENCLEXTA TAB 50MG	1 TAB/DAY
VENCLEXTA TAB 100MG	4 TABS/DAY
VENLAFAXINE CAP 150MG ER	3 CAPS/DAY
VENLAFAXINE CAP 37.5 ER	12 CAPS/DAY
VENLAFAXINE CAP 75MG ER	6 CAPS/DAY
VENLAFAXINE TAB 100MG	4.5 TABS/DAY
VENLAFAXINE TAB 150MG ER	3 TABS/DAY
VENLAFAXINE TAB 225MG ER	2 TABS/DAY
VENLAFAXINE TAB 25MG	18 TABS/DAY
VENLAFAXINE TAB 37.5 ER	12 TABS/DAY
VENLAFAXINE TAB 37.5MG	12 TABS/DAY
VENLAFAXINE TAB 50MG	9 TABS/DAY
VENLAFAXINE TAB 75MG	6 TABS/DAY
VENLAFAXINE TAB 75MG ER	6 TABS/DAY
VIAGRA TAB 100MG	4 TABS/30 DAYS
VIAGRA TAB 25MG	4 TABS/30 DAYS
VIAGRA TAB 50MG	4 TABS/30 DAYS
VICTOZA INJ 18MG/3ML	1 BOX/30 DAYS
VIIBRYD TAB	40 MG/DAY
VITUZ SOL 5-4MG	120 ML/30 DAYS
VYVANSE CAP	70 MG/DAY
WELLBUTRIN TAB 100MG	4.5 TABS/DAY
WELLBUTRIN TAB 100MG SR	4.5 TABS/DAY
WELLBUTRIN TAB 150MG SR	3 TABS/DAY
WELLBUTRIN TAB 200MG SR	2.25 TABS/DAY
WELLBUTRIN TAB 75MG	6 TABS/DAY
WELLBUTRIN TAB XL 150MG	3 TABS/DAY
WELLBUTRIN TAB XL 300MG	1.5 TABS/DAY
XIFAXAN TAB 200MG	42 TABS/120 DAYS
XIFAXAN TAB 550MG	42 TABS/120 DAYS
XULTOPHY INJ 100/3.6	15 ML/30 DAYS
XYREM SOL 500MG/ML	540 ML/30 DAYS
ZALEPLON CAP 10MG	30 CAPS/30 DAYS

***This document is updated quarterly and is current at the time of printing. It is provided as a reference and is subject to change. Not all drugs listed may be covered under every Plan. Some drugs may require prior authorization or a step-edit. Please check the website, [www.optimahealth.com](http://www.optimahealth.com) for updates.***

January – March 2018 Rev: 1/1/2018



LABEL NAME	QTY. LIMIT
ZALEPLON CAP 5MG	30 CAPS/30 DAYS
ZENZEDI TAB 10MG	6 TABS/DAY
ZENZEDI TAB 15MG	4 TABS/DAY
ZENZEDI TAB 2.5MG	24 TABS/DAY
ZENZEDI TAB 30MG	2 TABS/DAY
ZENZEDI TAB 5MG	12 TABS/DAY
ZENZEDI TAB 7.5MG	8 TABS/DAY
ZIPRASIDONE CAP 20MG	8 CAPS/DAY
ZIPRASIDONE CAP 40MG	4 CAPS/DAY
ZIPRASIDONE CAP 60MG	2.67 CAPS/DAY
ZIPRASIDONE CAP 80MG	2 CAPS/DAY
ZOLMITRIPTAN TAB 2.5 MG	12 TABS/30 DAYS
ZOLMITRIPTAN TAB 5MG	12 TABS/30 DAYS
ZOLOFT TAB 100MG	2 TABS/DAY
ZOLOFT TAB 25MG	8 TABS/DAY
ZOLOFT TAB 50MG	4 TABS/DAY
ZOLPIDEM TAB 10MG	30 TABS/30 DAYS
ZOLPIDEM TAB 5MG	60 TABS/30 DAYS
ZOLPIDEM ER TAB 12.5MG	30 TABS/30 DAYS
ZOLPIDEM ER TAB 6.25MG	30 TABS/30 DAYS
ZOLPIMIST	1 BOTTLE/30 DAYS
ZOMIG NASAL SPRAY	12 BOTTLES/30 DAYS
ZOMIG TAB 2.5MG	12 TABS/30 DAYS
ZOMIG TAB 5MG	12 TABS/30 DAYS
ZOMIG ZMT TAB 2.5 MG	12 TABS/30 DAYS
ZOMIG ZMT TAB 5MG	12 TABS/30 DAYS
ZUBSOLV SUB 1.4-0.36	3 TABS/DAY
ZUBSOLV SUB 2.9-0.71	2 TABS/DAY
ZUBSOLV SUB 5.7-1.4	2 TABS/DAY
ZUBSOLV SUB 8.6-2.1	1 TAB/DAY
ZUBSOLV SUB 11.4-2.9	1 TAB/DAY
ZUPLENZ MIS 4MG	10 FILMS/RX
ZUPLENZ MIS 8MG	10 FILMS/RX
ZYBAN TAB 150MG SR	TWO 90 DAY SUPPLIES/183 DAYS
ZYPREXA TAB 10MG	4 TABS/DAY
ZYPREXA TAB 15MG	2.67 TABS/DAY
ZYPREXA TAB 2.5MG	16 TABS/DAY
ZYPREXA TAB 20MG	2 TABS/DAY
ZYPREXA TAB 5MG	8 TABS/DAY
ZYPREXA TAB 7.5MG	5.33 TABS/DAY
ZYPREXA ZYDI TAB 10MG	4 TABS/DAY
ZYPREXA ZYDI TAB 15MG	2.67 TABS/DAY
ZYPREXA ZYDI TAB 20MG	2 TABS/DAY
ZYPREXA ZYDI TAB 5MG	8 TABS/DAY

*This document is updated quarterly and is current at the time of printing. It is provided as a reference and is subject to change. Not all drugs listed may be covered under every Plan. Some drugs may require prior authorization or a step-edit. Please check the website, [www.optimahealth.com](http://www.optimahealth.com) for updates.*

January – March 2018 Rev: 1/1/2018